



Department of Insurance
State of Arizona
Financial Affairs Division Trust Deposit Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Telephone: (602) 364-2712
Fax: (602) 364-3989
www.id.state.az.us

Assignment of Certificate of Deposit or Time Deposit to Arizona State Treasurer

Please type all information. File TWO originals of this form with your Certificate of Deposit or Time Deposit Receipt.

Check Deposit Type: ☐ Ordinary ☐ Workers' Compensation

FULL LEGAL NAME OF COMPANY

NAIC # IF APPLICABLE

STREET ADDRESS

CITY

STATE

ZIP

hereinafter called Assignor, hereby assigns and transfers to the Treasurer of the State of Arizona ("Treasurer") all right, title and interest of any kind whatsoever of Assignor in and to the Assignor's insured account in the _____

NAME OF FINANCIAL INSTITUTION

held in account number _____ and identified as Certificate of Deposit or Time Deposit number _____ in the amount of \$ _____ dollars. Assignor agrees that this assignment carries with it the right to the insurance of the account by the (appropriate federal insurance agency) _____, and includes and gives the right to the Treasurer to redeem, collect, and withdraw the full amount of such account at any time without notice to the Assignor. This assignment is given as security for authority to transact insurance or a related business regulated by the Department of Insurance in the State of Arizona, and all purposes permitted under Title 20 or Title 23 as applicable. Assignor hereby notifies the above-named financial institution of the assignment. Interest accruing to the account remains the property of the Assignor. This assignment remains in effect **until its release is authorized by the Treasurer in writing.**

Dated this _____ day of _____, _____ at _____

BY: _____

SIGNATURE OF OFFICER OR PRINCIPAL

TYPE NAME AND TITLE

ACKNOWLEDGEMENT OF NOTICE OF ASSIGNMENT

We acknowledge the assignment of this account to the Treasurer and have marked our records to show this assignment. **We have retained a copy of this document.** We certify that we have not received a notice of lien, encumbrance, hold, claim or other obligation against this account. We waive any current and future right of set-off against this account. We agree to release the assigned principal funds held in this account to the Treasurer upon request. **We also agree to notify the Treasurer ninety (90) days prior to taking any action which would modify, cancel or allow the withdrawal of funds from the account other than accrued interest.**

Dated this _____ day of _____, at _____.

NAME OF FINANCIAL INSTITUTION

STREET ADDRESS

CITY

STATE

ZIP

BY: _____

SIGNATURE OF OFFICER OF FINANCIAL INSTITUTION

TYPE NAME AND TITLE OF OFFICER

Subscribed and sworn before me this _____ day of _____, _____.

DATE COMMISSION EXPIRES

NOTARY PUBLIC SIGNATURE

RECEIPT FOR SECURITY AND DIRECTION TO PAY EARNINGS

We acknowledge receipt of the assignment of principal funds held in the account described in above. The financial institution is authorized and directed to pay interest earned to the Assignor.

Dated this _____ day of _____, _____ at Phoenix, Arizona.

BY: _____

ARIZONA STATE TREASURER OR AUTHORIZED REPRESENTATIVE